

Fountain of Hope Family Service Inc.  
10326 Greenbriar Parkway  
Oklahoma City, Ok 73159

**Session Bridging Form**

Provider \_\_\_\_\_ Date \_\_\_\_\_

Part A (To be completed shortly after supervision session)

1. What stands out to you about our last supervision? Thoughts, feelings, insights?

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2. On a **10** point scale, how would you rate the following items: (**a to d**)

|              |                |              |        |             |
|--------------|----------------|--------------|--------|-------------|
| (Not at all) | (A little bit) | (Moderately) | (Much) | (Very Much) |
| 1-2          | 3-4            | 5-6          | 7-8    | 9-10        |

a)  
Helpfulness/effectiveness of supervisor: \_\_\_\_\_

**What was helpful?**

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**What was not helpful?**

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b) How connected you felt to your supervisor: \_\_\_\_\_  
c) How engaged/involved you felt with the topics being discussed: \_\_\_\_\_  
d) How present you were in the supervision: \_\_\_\_\_

3. What would have made the supervision more helpful or a better experience?

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4. What issues came up for you in the supervision that is similar to your daily life problems?

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5. What risks did you take in supervision?

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**Part B (to be completed just prior to the next supervision session)**

1. What were the high and low points of your clinical work this week?

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2. What items, issues, challenges or positive changes do you want to put on the agenda for our next supervision?

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3. How open were you in answering the above questions? (0 to 100%) \_\_\_\_\_

4. Anything else you'd like to add?

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